STATE OF MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

NON-EMPLOYEE INFORMATION RESOURCE ACCESS AUTHORIZATION

Full Name:		Circle one: Contractor / Intern / Volunteer / Student / Other	
Position: Organization:			
Address:	:Telephone Number:		
Please detail and relate this individual's duties and their performance to the access requested below:			
Access: The following information resource access is authorized for this individual. Depending on the specific information/information resource to be accessed, further authorizations may be required. No Information Resource Access			
DHHS Supervisor (Print name)	Date	DHHS Supervisor (Signature)	
DHHS Commissioner/Reg. Director/ Superintendent/Designee (Print name)	Date	DHHS Commissioner/Regional Director/ Superintendent/Designee (Signature)	
Access Security Coordinator: Access granted as above Yes No Date			